

OFF SITE DATA COLLECTION FORM

Use only when electronic link is not available or if a mass intake is required.

☐ A = Add
☐ C = Change

1. WIR	2. SSN	3. Registration Date	4. Counselor	5. Birth Date	6. Age	7. Gender			
8. Last Name			9. First Name			10. MI	11. Suffix		
12. Street Address			13. City			14. State			
15. Zip Code	16. Cnty	17. Phone		18. Alt. Phone		<input type="checkbox"/> 19. Selective Service 1 - Yes 2 - No 3 - N/A			
20. Work Authorization Status <input type="checkbox"/> 1 - US Citizen <input type="checkbox"/> 2 - Registered Alien/Refugee <input type="checkbox"/> 3 - Not Authorized		21. Disabled (Non Veteran) <input type="checkbox"/> 1 - No <input type="checkbox"/> 2 - Yes <input type="checkbox"/> 3 - Yes, Substantial Impediment		22. Race - Select only one (MO Works!) <input type="checkbox"/> 1 - White 2 - Black 3 - Hispanic 4 - Indian 5 - Asian/Oriental 6 - Other		Sel. Ser. Num.			
23. Race/National Origin - Check At Least One, - Check All That Apply <input type="checkbox"/> 1 - Am. Indian/Alaskan <input type="checkbox"/> 3 - Black/A.F. Amer <input type="checkbox"/> 2 - Asian <input type="checkbox"/> 4 - Hawaiian/Islander <input type="checkbox"/> 5 - White			24. Ethnicity, Hispanic or Latino <input type="checkbox"/> 1 - Yes <input type="checkbox"/> 2 - No		25. Veteran status <input type="checkbox"/> 1 - None Veteran 2 - Yes, 180 Days or Less 3 - Yes, More Than 180 Days		26. Campaign Veteran <input type="checkbox"/> 1 - No 2 - Yes 3 - Yes, Vietnam-Era		
27. Disabled Veteran <input type="checkbox"/> 1 - No 2 - Yes 3 - Yes, Special		28. Recently Separated Vet. (w/in 48 mo.) <input type="checkbox"/> 1 - No 2 - Yes		29. Labor Force Status <input type="checkbox"/> 1 - Unemployed 2 - Employed		30. UI Compensation Status <input type="checkbox"/> 1 - Eligible, Not Receiving 2 - Receiving 3 - Exhausted Benefits 4 - Not Eligible		31. Ref'd by WPRS <input type="checkbox"/> 1 - Yes 2 - No	
32. Food Stamps <input type="checkbox"/> 1 - Yes 2 - No	33. Homeless <input type="checkbox"/> 1 - Yes 2 - No	34. Foster Child <input type="checkbox"/> 1 - Yes 2 - No	35. Individual w/Disability <input type="checkbox"/> 1 - No 2 - Yes (For Low Income)		36. TANF <input type="checkbox"/> 1 - Yes 2 - No	37. Long Term TANF <input type="checkbox"/> 1 - Yes 2 - No	38. # Of TANF Months		
39. General Assistance (State/Local), Refugee Cash Assistance (RCA), SSI-SSA Title XVI <input type="checkbox"/> 1 - Yes, 2 - No			40. Income Criteria Met <input type="checkbox"/> 1 - Yes 2 - No		41. Family Income		42. # In Family	43. Parent Type <input type="checkbox"/> 1 - N/A, 2 - Custodial, 3 - Exhausted TANF 4 - Noncustodial	
44. Custodial Parent, Child Rec'd TANF for 30 Months <input type="checkbox"/> 1 - Yes 2 - No		45. Custodial Parent, Child Ineligible for TANF w/in 12 Months due to durations limits <input type="checkbox"/> 1 - Yes, 2 - No		46. Custodial Parent or Child Receiving TANF <input type="checkbox"/> 1 - Yes, 2 - No		47. Received State TANF for 30 Months <input type="checkbox"/> 1 - Yes, 2 - No			
48. Ineligible for TANF w/in 12 Months due to durations limits <input type="checkbox"/> 1 - Yes, 2 - No			49. Exceeded 5 Year TANF or State Imposed Limit <input type="checkbox"/> 1 - Yes, 2 - No			50. Highest Grade Completed			
51. Education Status 1 - Student, HS or Less 2 - Student, Attending Post HS <input type="checkbox"/> 3 - Out of School, HS Dropout 4 - Out of School, HS Grad with Employment difficulty 5 - Out of School, HS Grad with no Employment difficulty			52. Pell Grant Recipient <input type="checkbox"/> 1 - Yes 2 - No		53. Dislocated Worker <input type="checkbox"/> 1 - N/A 4 - Displaced Homemaker 2 - Terminated/Laid Off 5 - Was Self Employed 3 - Plant Closure/Substantial Lay Off				
54. Dislocation Date		55. Mass Lay Off Event		56. Employer		57. City	58. State		
59. Job Title			60. Occupational Code			61. Begin Date	62. End Date		
63. Hourly Wage	64. Hours per Week	65. Reason for Leaving <input type="checkbox"/> 1 - Still Employed 4 - Fired 2 - Layoff 5 - Job Ended 3 - Quit 6 - Other		66. Limited English <input type="checkbox"/> 1 - Yes, 2 - No	67. Single Parent <input type="checkbox"/> 1 - Yes 2 - No	68. Youth Elig. Under 5% Win. <input type="checkbox"/> 1 - Yes 2 - No	69. Offender <input type="checkbox"/> 1 - Yes, 2 - No		
70. Homeless/Runaway <input type="checkbox"/> 1 - Yes, 2 - No		71. Pregnant/Parenting <input type="checkbox"/> 1 - Yes, 2 - No		72. Needs Assistance <input type="checkbox"/> 1 - Yes 2 - No	73. Basic Lit. Skills Deficiency <input type="checkbox"/> 1 - Yes, 2 - No		74. Approp. Grade <input type="checkbox"/> 1 - Yes 2 - No	75. Local 5% Criteria <input type="checkbox"/> 1 - Yes 2 - No	
76. Read Test Name & Ver. __ __ V __		77. Reading Grade Level __ __ . __		78. Math Test Name & Ver. __ __ V __		79. Math Grade Level __ __ . __		80. Lang. Test Name & Ver. __ __ V __	81. Lang. Grade Level __ __ . __

**Required Reporting Fields for the Off Site Data Collection Form
Listed by Program**

Adult = Core

Items 1 through 29

Items 31, 66, & 67

Adult = Intensive/Training

Items 1 through 29

Items 31 through 36

Items 39 through 42

Items 50, 52, 66, and 67

Dislocated Worker = Core

Items 1 through 29

Item 31

Items 53 through 67

Dislocated Worker = Intensive/Training

Items 1 through 29

Items 30 through 36

Items 39 through 42

Items 50, 52 through 67

Youth 14 through 18

Items 1 through 24

Item 29

Items 32 through 36

Items 39 through 42

Items 50 through 52

Items 66 through 79

Youth 19 through 21

Items 1 through 29

Items 32 through 36

Items 39 through 42

Items 50 through 52

Items 66 through 75

Welfare to Work

Items 1 through 18

Item 20

Items 36 through 38

Items 43 through 49

Item 52

Items 76 through 79

